



HOCKEY CANADA

2021-22 TEAM OFFICIAL REGISTRATION CERTIFICATE

MALE

FEMALE

Surname		Given Name		YEAR	MONTH	DAY
Residential Address				DATE OF BIRTH		
City		Province	Postal Code			
Telephone No.				FOR BRANCH USE ONLY		
E-MAIL						
Name of Hockey Team in full:				DATE APPROVED		
Position to be held with team:						
<input type="checkbox"/> MANAGER <input type="checkbox"/> COACH <input type="checkbox"/> ASST. COACH <input type="checkbox"/> TRAINER				HOCKEY CANADA BRANCH REGISTRAR		
I registered last with the following team(s): _____ Please X if never registered before <input type="checkbox"/>						
YEAR: _____		TEAM: _____		in the _____ Branch/Province.		
YEAR: _____		TEAM: _____		in the _____ Branch/Province.		
I have read and agree to the terms on this form with respect to use of personal information.						
DATE SIGNED _____		20 _____		TEAM OFFICIALS SIGNATURE _____		
<small>This card is issued at the discretion of the Branch Executive, and is revocable without notice.</small>						